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Date: _____

Name of Course: **(two-day)**
Intentional Leadership

Please complete one registration form for each person attending from your organization

Name: _____

Residing Area: Urban Rural

Organization: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (____) _____ Fax: (____) _____

*Email Address: _____

Where did you hear about the training session? _____

*We respect your privacy. Contact information is for internal use only. We do not sell, provide or share personal information with any outside organizations.

Workshop Registration is \$1000.00 + GST for a total of \$1050.00 for each registrant. Please include e-mail address of person responsible for registration fee payment.
Total Payable = _____
Includes:

Please fax this registration attention: Clayton Desjarlais at 1.306.543.7756.